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ABSTRACT

This study investigated the effects of therapist gender, client gender and sex-stereotypic behavior on ratings of maladjustment and prognosis made on four bogus clinical descriptions. Gender was manipulated by changing sex of client within each of two sex-stereotypic behavioral descriptions yielding two sex-appropriate and two sex-inappropriate bogus clinical descriptions. A three-way least squares analysis of variance indicated female therapists rated female and male clients more maladjusted than did male therapists. Behaviors stereotyped as female were rated more maladjusted than behaviors stereotyped as male, regardless of client gender. There were no significant differences on rating of prognosis. (Author)

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Effects of therapist and client characteristics on the assessment of maladjustment and prognosis

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In exploring the effects of client and/or therapist characteristics on the assessment of maladjustment and prognosis some studies have utilized bogus clinical descriptions manipulating with each description those client characteristics of interest. Numerous variables have been found to interact with client gender to affect clinical judgment. Indeed, the importance of client gender seems a consistet albeit unclear finding. Client gender interacts with therapist gender. Female counselors rated female clients more maladjusted (Abramowitz & Abramowitz, 1973) and less able to improve (Gomes & Abramowitz, 1976) than did male therapists. Female clients were rated equally mature by female and male therapists (Gomes & Abramowitz, 1976). Political traditionalism also interacts with client gender to influence clinical judgment. Abramowitz, Abramowitz, Jackson & Gomes (1973) found politically left-oriented females rated more maladjusted by "less liberal" therapists than by "more liberal" therapists. "Less traditional" therapists judged males more maladjusted than "more traditional" therapists (Schwartz & Abramowitz, 1975).

Questioning whether the effects of client gender may be mediated by the sex role appropriateness of the described behavior, Gomes & Abramowitz (1976) found both female and male therapists rated female clients more mature than their male counterparts, regardless of the behavior. Within the female descriptions, however,

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sex-role inappropriate females were judged more mature than sex-role appropriate females. The authors contend their findings favor positive evaluations of women and refute gender-related discrimination. These findings may be interpreted another way. As no significant differences were found on questions of mental illness or social adjustment, it is not clear exactly what more positive "mature" scores meant. Further, the more positive scores for sex-role deviant females may indicate more acceptance of females who adopt male-like behaviors. Thus, the findings seem to perpetuate an old stereotype with a new twist.

In other areas of research, the concept of androgyny (individuals viewed as possessing both "female" and "male" qualities rather than a dichotomy of either "female" or "male") as a perception mediating variable is rapidly developing (Bem, 1975a, 1975b). A measure of androgyny may be sensitive to therapists' sex-role attitudes and help clarify the effect of these attitudes on clinical judgment.

This research was designed to further study the effects (if any) of client gender, the "appropriateness" of client behavior, and various therapist characteristics on clinical judgment.

METHOD

Subjects: One hundred therapists were randomly selected within each gender from directories of the American Psychological Association and American Psychiatric Association, for a total of 200 subjects (100 females and 100 males). Each therapist was sent an introductory letter, questionnaire and return envelope. Of those selected, 24% female psychologists, 20% male psychologists, 8% female psychiatrists and 8% male psychiatrists responded. Total return was 15% (N=30).

Respondents ranged from 30 to 70 years of age, the average age was 43. They had practiced psychotherapy for an average of 10.8 years.

PROCEDURE

Behaviors previously established by Broverman et al. (1968) as typically feminine and typically masculine were used as the basis for the construction of two bogus clinical descriptions. One description represented those behaviors stereotyped as feminine (e.g., dependency and passivity) and one represented those behaviors stereotyped as masculine (e.g., hostility and aggression).

Gender was manipulated by changing the sex of the subject within each of the two bogus descriptions. Thus, each stereotypic behavioral description had one female and one male name associated with it, for a total of four clinical descriptions: two sex-role appropriate (male name, male behavior; female name, female behavior) and two sex-role inappropriate (male name, female behavior; female name, male behavior).

Each therapist received both stereotypic behavioral descriptions with the gender counterbalanced between Ss. They were asked to rate these descriptions on adjustment and prognosis as well as answer numerous qualitative questions pertaining to diagnosis and treatment. Therapists were asked to complete a demographic questionnaire and Berzins' Interpersonal Disposition Inventory (Berzins, 1975), a measure of androgyny.

RESULTS

A three-way least squares analysis of variance was run on therapist gender, client gender and sex-stereotypic behavior using maladjustment ratings as the dependent variable. (See Table 1.) Two significant main effects, those of therapist gender ($F = 6.122$, $df = 1/50$, $p < .05$) and sex-stereotypic behavior ($F = 19.822$, $df = 1/50$, $p < .01$) were found. Findings indicated that women therapists rated both male and female clients significantly more maladjusted than male therapists. Behaviors stereotypically female were rated significantly more maladjusted than behaviors stereotypically male, regardless of client gender.

Although the interaction between client gender and sex-stereotypic behaviors was not significant, an examination of means suggests sex-appropriate behaviors were rated more maladjusted than sex-inappropriate behaviors (see Table 2). A three-way least squares analysis of variance was also run on therapist gender, client gender, and sex-stereotypic behaviors using ratings of prognosis as the dependent variable. No significant main effects or interaction were found.

An insufficient return on androgyny measures prevented statistical analyses. Obtained results failed to suggest any pattern or trend.

DISCUSSION

Implications and Conclusions: Our findings do not follow the usual trend of significant interactions between therapist and client variables. Instead, a significant main effect of therapist gender revealed that women therapists not only judged women more severely as Abramowitz & Abramowitz (1973) found, but men as well. One possible explanation of these findings is that female clinicians may hold higher standards than their male colleagues. Unfortunately, androgyny measures yielded unclear and uninterpretable results. Thus no further explanation is available.

Return rate (15%) makes generalizability of these findings difficult. We may speculate that this sample is somewhat more conservative than the population from which it was drawn (Rosenbaum & Blake, 1955) and/or possibly more interested in research. These attitudes may have confounded results but unfortunately, given the parameters of this study, we do not know. We hope to address this and the previous issue in future studies.

Supporting Abramowitz et al. (1976), sex-deviant females were more positively evaluated than males. Although not significant, an interesting trend suggested that the least maladjusted of all four descriptions was the female in the male role and the most maladjusted was the female in the female role. Thus, a gender

bias does seem to exist, not as overtly as earlier studies hinted (in terms of names or pronouns) but more covertly, in terms of actual acceptable behaviors. Indeed, this seems to be further supported by the highly significant finding that stereotypically female behaviors were rated more maladjusted than stereotypically male behaviors, regardless of client gender. It may be questioned whether qualitative descriptions are inherently different than those producing differential ratings. However, this has a straw-person quality to it. We were not interested in assessing whether dependent is "as female" as aggressive is "male." Rather, given certain characteristics that have been shown to be typically attributable to females or males, one might ask, "Are differential judgments made?" Given the limitations of this study, we may answer yes. Our findings indicate that although women per se may no longer be discriminated or devalued, those behaviors which are stereotypically female still are; and it is these behaviors which affect clinical judgment.

- Table 1 -

Summary table for ratings of maladjustment

Source	df	SS	MS	F
Therapist Gender (A)	1	2.161	2.161	6.122*
Client Gender (B)	1	.528	.528	1.496
Sex stereotypic behavior (C)	1	6.997	6.997	19.822**
A x B	1	.253	.253	< 1
A x C	1	.492	.492	1.394
B x C	1	.238	.238	< 1
A x B x C	1	.090	.090	< 1
Error	50	17.647	.353	

* $F_{(.05)}(1,50)$ $p < .05$

** $F_{(.05)}(1,50)$ $p < .01$

- Table 2 -

Mean maladjustment ratings

		Client: Female	Client: Male
Sex-Stereotypic Behavior	Female	1.38	1.41
	Male	2.35	2.00

Abramowitz, S. I., & Abramowitz, C. V. Should prospective women clients seek out women practitioners? Intimations of a "ding-bat" effect in clinical evaluation. Proceedings of the 81st Annual Convention of the American Psychological Association, 1973, 8, p. 503.

Abramowitz, S. I., Abramowitz, C. V., Jackson, C., & Gomes, B. The politics of clinical judgment: what nonliberal examiners infer about women who do not stifle themselves. Journal of Consulting and Clinical Psychology, 1973, 41, 385-91.

Berzins, Juris I. New perspectives on sex roles and personality dimensions. American Psychological Association Convention, 1975.

Broverman, Igne K., Broverman, D. M., Clarkson, F. E., Rosenkrantz, P. S., Vogel, S. R. Sex role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 1970, 34, 1-7.

Gomes, B. and Abramowitz, S. I. Sex related therapist and patient effects on clinical judgment. Sex Roles: A Journal of Research. In press.

Rosenbaum, M. E. and Blake, R. R. Volunteering as a function of field structure. Journal of Abnormal and Social Psychology, 1955, 50, 193-196.

Schwartz, J. M. and Abramowitz, S. I. Value related effects on psychiatric judgment. Archives of General Psychiatry, 1975, 32, 1525-1529.